

The State Bar of California
(AN EQUAL OPPORTUNITY EMPLOYER)
Application for Employment

Date: _____ Position(s) Desired: _____ Office(s): _____

1. PERSONAL INFORMATION

Last Name	First Name	Middle	Social Security No.
Address where you can be reached (You must list street address. P.O.Box is not acceptable.)			
Street Address	Apt	City	County State Zip Code
Telephone Number:			
Home: ()		Business: ()	Message: ()

To complete our records, please indicate all other names you have used while working or going to school:

Do you have any relatives employed by the State Bar? ☐ Yes ☐ No If yes, indicate name, relationship and in which office:

Have you previously been employed by the State Bar? ☐ Yes ☐ No If yes, indicate dates, location and position

If you are NOT a citizen of the U.S., are you legally allowed to work in the U.S.? ☐ Yes ☐ No Have you ever been convicted of an offense other than a minor traffic violation? (Conviction of a crime does not automatically prevent employment - all circumstances will be considered.)

If yes, enter your alien registration number here, and show your card to the interviewer: ☐ Yes ☐ No If yes, explain:

If you are under 18 years of age, do you have a work permit? If yes, show permit to interviewer. ☐ Yes ☐ No

2. JOB-RELATED INFORMATION

Salary desired:	Type of employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual Hourly	Date available:	Are you prepared to work the State Bar's designated days and hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the State Bar? Circle appropriate number to the right and indicate, where applicable, the specific source on the line provided.	Recruitment source:	5. Educ. institution _____	
	1. Self	6. Prof. association _____	
	2. E.D.D.	7. Newspaper ad _____	
	3. Empl. referral (Name) _____	8. Job information line _____	
	4. Community agency _____	9. Other _____	
Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you take shorthand? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dictaphone? <input type="checkbox"/> Yes <input type="checkbox"/> No	WordPerfect: <input type="checkbox"/> Yes <input type="checkbox"/> No Version: _____
If yes, w.p.m. _____		Other software: _____	
List any languages you can write and/or speak fluently.	List membership in professional organizations or associations, honors, licenses and publications you consider significant, date of admission to the State Bar of California (if applicable), and any other skills or information which may be important in considering your qualifications.	California Bar admission date: _____ Bar Number: _____	

3. EDUCATION

SCHOOL	ADDRESS	MAJOR STUDIES	Degrees, Diploma, License or Certificate Received	Dates Attended
High School				
Junior College				
University/College				
Law School				
Other (Graduate/Business)				

4. EMPLOYMENT HISTORY (A RESUME WILL NOT BE ACCEPTED IN LIEU OF COMPLETING THIS SECTION.)

List all employment for the past 10 years, or since leaving school, starting with your most recent position. Include job-related volunteer experience. All time should be accounted for. If you were unemployed for any period, state the nature of your activities during that time.

	RESPONSIBILITIES	SUPERVISOR'S NAME AND PHONE NUMBER	REASON FOR LEAVING
Employer name..... Address..... City, State, Zip..... Position..... Ending monthly salary.....FT/PT..... Employed from.....to..... May we contact your current employer? <input type="checkbox"/> Yes..... <input type="checkbox"/> No			
Employer name..... Address..... City, State, Zip..... Position..... Your name while there..... Ending monthly salary.....FT/PT..... Employed from.....to.....			
Employer name..... Address..... City, State, Zip..... Position..... Your name while there..... Ending monthly salary.....FT/PT..... Employed from.....to.....			
Employer name..... Address..... City, State, Zip..... Position..... Your name while there..... Ending monthly salary.....FT/PT..... Employed from.....to.....			
Employer name..... Address..... City, State, Zip..... Position..... Your name while there..... Ending monthly salary.....FT/PT..... Employed from.....to.....			

I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge. I understand that any material misrepresentation or omission may be cause for dismissal. Unless otherwise noted, I authorize the investigation of all statements given in this application, including contacting former employers.

APPLICANT'S SIGNATURE

DATE